Remarks/Arguments

A.   Claims in the Case

Claims 1-9, 11-25, 27-39, 41-51, 53-56, and 58-63 are pending. Claim 57 has been cancelled without prejudice. Claims 1, 5, 21, 35, and 50 have been amended. Claims 60-63 are new.

B.   Information Disclosure Statement

The Office Action states that the information disclosure statement filed 3 February 2004 fails to comply with 37 CFR 1.98(a)(2). It appears that Examiner may not have received copies of at least some of the references cited on this information disclosure statement. Applicant will submit a new information disclosure statement including these references.

C.   Specification

The Office Action objected to the amendments filed January 16, 2004 and March 15, 2004 under 35 U.S.C. §132 as introducing new matter into the disclosure. Applicant respectfully disagrees with the objection. Nonetheless, to expedite prosecution of the application, Applicant has cancelled claim 57.

D.   35 U.S.C. § 112, First Paragraph

The Office Action rejected claim 57 under 35 U.S.C. §112, first paragraph. Applicant respectfully disagrees with the rejection. Nonetheless, to expedite prosecution of the application, Applicant has cancelled claim 57.

E.   **The Claims Are Not Obvious Over Huffman in View of Kuwamoto and further in view of Abbruzzese Under 35 U.S.C. § 103(a)**

The Examiner has rejected claims 1-4, 9, 16-20, 25, 30-34, 39, 46-49, and 56-58 as being obvious over U.S. Patent No. 5,870,711 to Huffman ("Huffman") in view of U.S. Patent Application No. 5,483,632 to Kuwamoto et al. ("Kuwamoto") and further in view of U.S. Patent No. 5,557,515 to Abbruzzese et al. ("Abbruzzese") under 35 U.S.C. § 103(a). Applicant respectfully disagrees with these rejections.

In order to reject a claim as obvious, the Examiner has the burden of establishing a *prima facie* case of obviousness. *In re Warner* et al., 379 F.2d 1011, 154 U.S.P.Q. 173, 177-178 (C.C.P.A. 1967). To establish a *prima facie* obviousness of a claimed invention, all the claim limitations must be taught or suggested by the prior art. *In re Royka*, 490 F.2d 981, 180 U.S.P.Q. 580 (C.C.P.A. 1974), MPEP § 2143.03.

Amended claim 1 recites in part: "the insurance claims processing program estimating a bodily injury general damages value of the insurance claim by processing the insurance claim." The cited art does not appear to teach or suggest at least the above-quoted feature of claim 1.

The Office Action states: "Abbruzzese teaches estimating a bodily injury general damages value of the insurance claim by processing the insurance claim using the insurance claim processing program wherein the insurance claim comprises a bodily injury claim." Applicant respectfully disagrees with the Office Action's assertion.

Abbruzzese appears to disclose screens for an operator to enter information. For example, Abbruzzese states:

> The Auto-Physical Damage Information screen, shown in Table X, is used, when necessary, to enter information pertaining to any damage to an insured vehicle. The operator is also prompted to enter a variety of additional information including: incurred loss information, the estimated incurred allocated expense, a repair estimate, etc.

(Abbruzzese, column 25, lines 14-19) (emphasis added)

The Auto Third Party Property Damage screen, shown in Table XI, is used <u>to</u> enter information relating to any property damaged in the accident. A description of the property, the damage, as well as the estimated incurred loss and other additional information is entered through this screen.
(Abbruzzese, column 25, line 43 to column 26, line 15) (emphasis added)

An Injured Party screen is provided to enter information about any party injured in the accident (i.e., description of the injury, disability dates, claim descriptions, etc.).
(Abbruzzese, column 26, lines 16-19) (emphasis added)

Abbruzzese appears to teach or suggest an operator entering information such as estimated incurred loss at an input screen. The system of Abbruzzese, however, does not appear to teach or suggest performing the processing of an insurance claim. More specifically, Abbruzzese does not appear to teach or suggest an insurance claim processing program estimating a bodily injury general damages value of the insurance claim by processing the insurance claim.

The Office Action cites certain other portions of Abbruzzese relative to the rejection of claim 1. None of these portions, however, appears to teach or suggest an insurance claim processing program estimating a bodily injury general damages value of the insurance claim. For example, the description corresponding to Table XVI states in part: "In other words, information entered via an LPT is redisplayed screen-by-screen for correction of any item on that screen." (See col. 31, lines 5-7). At column 43, lines 45-49, Abbruzzese states: "The Activity Log Add screen shown in Table XXXIII is used to add a comment to an Activity Log. Any time an entry is made to the Activity Log, the claim number, insured name, claimant name, loss date, claim description and estimated incurred loss fields are pre-filled. All these fields are protected and cannot be modified by the operator." At column 138, lines 55-58, Abbruzzese discloses a "Type of Injury" table. Applicant notes that "pre-filled," as used in column 43, line 48, appears to refer to displaying information on the Activity Log Add screen that has be previously entered (see, e.g., col. 19, lines 6-8; col. 25, line 18). Applicant submits that none of the above-cited portions of Abbruzzese appears to teach or suggest an insurance claim processing program estimating a bodily injury general damages value of the insurance claim by processing the insurance claim, as described in claim 1.

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Claim 17 recites in part:

> wherein the memory stores program instructions which are executable by the
> CPU to:
> > generate a request to display a message, wherein the request comprises a
> > requested message code;
> > search the database for a matching entry which matches the requested
> > message code;
> > retrieve the matching entry from the database, wherein the matching entry
> > comprises a matching message text;
> > display the matching message text corresponding to the requested message
> > code on the display device, wherein the message text is configured
> > to assist a user in processing an insurance claim using the
> > insurance claims processing program; and
> > estimate a bodily injury general damages value of the insurance claim by
> > processing the insurance claim using the insurance claim
> > processing program, wherein the insurance claim comprises a
> > bodily injury claim.

The cited art does not appear to teach or suggest at least the above-quoted feature of

claim 17.

The Office Action relies on the same passages of Abbruzzese to reject claim 17 as those

relied upon to reject claim 1. As noted above with respect to claim 1, Abbruzzese appears to

teach or suggest allowing an operator to enter information such as estimated incurred loss into a

system. Abbruzzese does not appear to teach or suggest program instructions executable by a

CPU to estimate a bodily injury general damages value of the insurance claim by processing the

insurance claim using the insurance claim processing program.

Claim 31 recites in part:

> wherein the program instructions are executable by a computer system to
> implement a method of:
> > generating a request to display a message, wherein the request comprises a
> > requested message code;
> > searching a database for a matching entry which matches the requested
> > message code, wherein the database stores a plurality of entries
> > including the matching entry, wherein each entry in the database
> > comprises a message code and a corresponding message text;

> retrieving the matching entry from the database in response to said
> searching the database for the matching entry which matches the
> requested message code, wherein the matching entry comprises a
> matching message text;
>
> displaying the matching message text corresponding to the requested
> message code, wherein the message text is configured to assist a
> user in processing an insurance claim using an insurance claims
> processing program; and
>
> estimating a bodily injury general damages value of the insurance claim
> by processing the insurance claim, wherein the insurance claim
> comprises a bodily injury claim.

The cited art does not appear to teach or suggest at least the above-quoted feature of claim 31.

The Office Action relies on the same passages of Abbruzzese to reject claim 31 as those relied upon to reject claim 1. As noted above with respect to claim 1, Abbruzzese appears to teach or suggest an operator entering information such as estimated incurred loss at an input screen. Abbruzzese does not appear to teach or suggest program instructions executable by a computer system to implement a method of estimating a bodily injury general damages value of the insurance claim by processing the insurance claim using the insurance claim processing program.

> Claim 47 recites in part:
>
> wherein the insurance claims processing program is configured to:
>
> > generate a request to display a message, wherein the request comprises a
> > requested message code;
> >
> > search the message database for a matching entry which matches the
> > requested message code;
> >
> > retrieve the matching entry from the message database, wherein the
> > matching entry comprises a matching message text;
> >
> > display the matching message text on a display device coupled to at least
> > one of the plurality of computer systems; and
> >
> > estimate a bodily injury general damages value of the insurance claim by
> > processing the insurance claim using the insurance claim
> > processing program, wherein the insurance claims comprises
> > bodily injury claims.

The cited art does not appear to teach or suggest at least the above-quoted feature of claim 47.

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The Office Action relies on the same passages of Abbruzzese to reject claim 47 as those relied upon to reject claim 1. As noted above with respect to claim 1, Abbruzzese appears to teach or suggest allowing an operator to enter information such as estimated incurred loss at an input screen. Abbruzzese does not appear to teach or suggest an insurance claims processing program configured to estimate a bodily injury general damages value of the insurance claim by processing the insurance claim using the insurance claim processing program.

Applicant respectfully requests removal of the rejections of claims 1, 17, 31, and 47. If an independent claim is nonobvious under 35 U.S.C. 103, then any claim depending therefrom is nonobvious. *In re Fine*, 837 F.2d 1071, 5 USPQ2d 1596 (Fed. Cir. 1988). Applicant respectfully requests removal of the rejections of the claims dependent upon claims 1, 17, 31, and 47.

Applicant submits that many of the claims dependent on claims 1, 17, 31, and 47 are independently patentable. For example, claim 2 recites "specifying the message text of each entry in the database during an installation of the insurance claims processing program". The cited art does not appear to teach or suggest at least this feature of claim 2. Claim 3 recites "specifying the message text of each entry in the database during an installation of the database on a computer system". The cited art does not appear to teach or suggest at least this feature of claim 3.

The Office Action relies in part on the statement in Kuwamoto: "every time integrated software comprising multiple Aps is loaded into an information processing system such as a word-processor, the storing position for the help message of each AP is placed in the help data management table located in a memory area common to all the Aps" in combination with U.S. Patent No. 5,307,262 to Ertel (hereinafter "Ertel") in support of the Office Action's assertion that the cited art teaches or suggests the above cited features of claim 2 and 3. Applicant respectfully disagrees with the Office Action's assertion. Kuwamoto appears to disclose placing a storing position for a help message in a help data management table when an integrated software program is loaded. Ertel appears to teach or suggest selectively addressing messages to nurses, review coordinators, coders, and physicians. (see Ertel, col. 13, lines 38-41). Kuwamoto and

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Ertel, either alone or in combination, do not appear to teach or suggest specifying the message text of one or more entries in the database for a particular organization during installation of a claims processing program or a database. Applicant requests removal of the rejection of claims 2 and 3.

F.   **The Claims Are Not Obvious Over Huffman, Kuwamoto, and Abbruzzese, And Further In View of Ertel Under 35 U.S.C. § 103(a)**

The Examiner has rejected claims 5, 11-13, 15, 21, 27-29, 35, 41-43, 45, 50, and 53-55 unpatentable over Huffman, Kuwamoto, and Abbruzzese, and further in view of Ertel of under 35 U.S.C. § 103(a). Applicant respectfully disagrees with these rejections.

Amended claim 5 recites in part: "customizing the message text of at least one of the entries in the database for a particular insurance organization during an installation of the insurance claims processing program on a computer system." Amended claims 21 and 35 recite in part: "wherein the message text of at least one of the entries in the database is customized for use by a particular insurance organization". Amended claim 50 recites in part: "customizing the message text of at least one of the entries in the message database for the insurance organization prior to installing the message database." The cited art does not appear to teach or suggest the above-cited features, in combination with the other features of the claims.

The Office Action points to the portion of Ertel that includes: "Messages: any message may be selectively addressed to nurses, review coordinators, coders, or physicians based upon the relevance of message content to the expertise of the recipient. The intended recipient is cited in the header. These selections can be pre-set in the system utility program 14 to identify and sort messages for printing on worksheets dedicated for use by various personnel." (Ertel, col. 13, lines 37-45). (Emphasis added). The Office Action also points to the portion of the Ertel reference that includes: "generation of appropriate messages that describe both problems... and [s]electively printing ... messages that are appropriate to the individuals responsible for resolving the problems." (Ertel, col. 6, lines 38-45). The above portions of Ertel do not, however, appear to teach or suggest the above cited features of claims 5, 21, 35, and 50. Ertel

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appears to teach generating messages and selectively addressing the messages to specific people (e.g., nurses and physicians). Ertel does not appear to teach or suggest customizing the message text of at least one of the entries in the database for a particular insurance organization. Applicant requests removal of the rejections of claims 5, 21, 35, and 50.

Claims 12, 28, 42, and 54 recite in part: "wherein the requested message code comprises an injury code." Claims 13, 29, 43, and 55 recite in part: "wherein the requested message code comprises a treatment code." The cited art does not appear to teach or suggest the above-cited features, in combination with the other features of the claims.

The Office Action apparently interprets the Ertel teachings of "collection of files containing error conditions and trigger elements that cause data quality messages to be generated for a given case. Specific conditions or combinations of conditions such as the following are included in these tables [...] certain individual diagnosis or procedure codes ..." to teach "wherein the requested message code comprises an injury code" and "wherein the requested message code comprises a treatment code." Applicant respectfully disagrees with these interpretations. As recited in claim 1, 17, 31, and 47 (from which claims 12, 13, 28, 29, 42, 43, 54, and 55 depend), the requested message code has a matching entry in a database, the matching entry comprising a message code and a corresponding message text. Ertel appears to teach conditions, including individual diagnosis or procedure codes, that cause data quality messages to be generated. Ertel does not appear to teach or suggest an injury code or a treatment code as part of a requested message code having a matching entry in a database. Applicant requests removal of the rejections of claims 12, 13, 28, 29, 42, 43, 54, and 55.
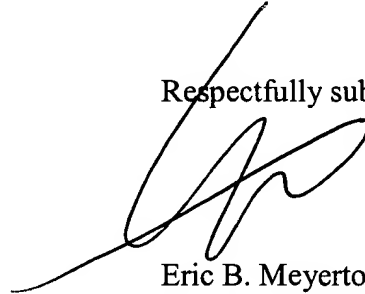
G.   New Claims

New claim 60 recites in part: "modifying at least one processing step of the insurance claim processing program in response to said displaying of the matching message text". Support for claim 60 can be found in Applicant's specification at least on page 12, lines 4-6. New claims 61 and 62 recite in part: "modifying the message text of at least one of the entries in the database during the installation of the insurance claims processing program on the computer system". Support for claims 61 and 62 can be found in Applicant's specification at least on page 14, lines 3-5. New claim 63 recites: "wherein the particular insurance organization comprises a particular insurance company". Support for claim 63 can be found in Applicant's specification at least on page 8, lines 22-23. Applicant submits that the new claims are allowable over the cited art.

H.   Additional Comments

Applicant submits that all of the claims are in condition for allowance. Favorable reconsideration is respectfully requested.

A fee authorization for a two-month extension of time and the additional claims has been included. If any additional extension of time is required, Applicant hereby requests the appropriate extension of time. If any additional fees are required, please charge those fees to Meyertons, Hood, Kivlin, Kowert & Goetzel, P.C. Deposit Account Number 50-1505/5053-36200/EBM.

Respectfully submitted,

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